Attv. Dkt. No. 077056-0348

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Zazu Ciuca

Title: ONE-WAY TENSIONING

MECHANISM FOR CORDLESS

BLIND

Appl. No.: Unknown

Filing Date: July 31, 2001

Examiner: Unknown

Art Unit: Unknown

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UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. \S 1.53(b) is the nonprovisional utility patent application of:

Zazu Ciuca 3938 Elizabeth Glen Way Jamestown, NC 27282

Enclosed are:

- [X] Specification, Claim(s), and Abstract (24 pages).
- [X] Informal drawings (4 sheets, Figures 1-9).
- [X] Declaration and Power of Attorney (3 pages).

The filing fee is calculated below:

								Fee
			Extra Claims		Rate		Totals	
						\$710.00		\$710.00
30	-	20	=	10	×	\$18.00	=	\$180.00
6	·	3	=	3	×	\$80.00	=	\$240.00
Independents: 6 - 3 = 3 x \$80.00 If any Multiple Dependent Claim(s) present: + \$270.00						=	\$0.00	
						SUBTOTAL:	=	\$1130.00
[] Small Entity Fees Apply (subtract ½ of above):							=	\$0.00
Oma		.,					=	\$1,130.00
	6 Dependent (as Filed 30 6 Dependent Claim(as Filed Basic Fee 30 - 20 6 - 3 Dependent Claim(s) present	30 20 =	as Filed Basic Fee Claims 30 - 20 = 10 6 - 3 = 3 Dependent Claim(s) present: Small Entity Fees Apply (subtra	Small Entity Fees Apply (subtract ½	as Filed Basic Fee Claims Rate 30 - 20 = 10 × \$18.00 6 - 3 = 3 × \$80.00 Dependent Claim(s) present: + \$270.00	Sarile

- [X] A check in the amount of \$1,130.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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